07/20/2009 12:00

Image# 29934324803

FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

	For Other Than An Author	rized Committee	Office Use	Only
NAME OF COMMITTEE (in full)	USE FEC MAILING LABEL OR TYPE OR PRINT ₩	Example:If typing, type over the lines		
American Academy of Family	ly Physicians Political Action Commi	ttee		
ADDRESS (number and street)	2021 Massachusetts Avenue, N	NW		
Check if different				
than previously reported. (ACC)	Washington		DC 200	036
2. FEC IDENTIFICATION NUM	MBER ♥ CITY	ı	STATE A Z	IPCODE A
C00411553	3. IS TH		AMENDED (A)	
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Feb 20	(M2) May 20 (M5	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Mar 20	(M3) Jun 20 (M6	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
April 15	Apr 20	(M4) X Jul 20 (M7)	Oct 20 (M10)	Jan 31 (YE)
Quarterly Report(C	Q1) (c) 12-Day	Primary (12P)	General (12G)	Runoff (12R)
Quarterly Report(C	Q2) PRE -Election Report for the:	Convention (12C)	Special (12G)	
October 15 Quarterly Report(C	_			
January 31 Quarterly Report(Y	(E) Election or	n L. L.		n the State of
July 31 Mid-Year Report(Non-election Year Only) (MY)	on (d) 30-Day Post -Election Report for the:	General (30G)	Runoff (30R)	Special (30S)
Termination Repor (TER)	Election or	n .		n the State of
5. Covering Period 0	6 01 2009	through 0 6	30 2009	
I certify that I have examined this	Report and to the best of my knowle	edge and belief it is true, corre	ct and complete.	
Type or Print Name of Treasurer	Randell K. Wexler, MD			
Signature of Treasurer Electro	onically Filed by Randell K. Wexle	r, MD	Date 07 20	2009
NOTE : Submission of false, erro	oneous, or incomplete information ma	ay subject the person signing	this Report to the penalties o	f 2 U.S.C 437g.
Office Use				FORM 3X 12/2004)

FE6AN026

FEC Form 3X (Rev. 02/2003)

6(a) and 6(c) for Column B)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

OF RECEIPTS AND DISBURSEMENTS 2 / 50

Write or Type Committee Name American Academy of Family Physicians Political Action Committee D D [®]D 06 0 1 2009 0.6 30 2009 To: Report Covering the Period: From: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2009° 231911.27 January 1 (b) Cash on Hand at 177512.01 Begining of Reporting Period 56278.26 164302.89 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines

7.	Total Disbursements (from Line 31)	49567.61	211991.50
8.	Cash on Hand at Close of		

233790.27

396214.16

9.	Debts and Obligations owed TO	
	the committee (Itemize all on Schedule C and/or Schedule D)	0.00

X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 50

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period: From:

o: C

м м 0 6

30

Y Y Y Y Y 2 0 0 9

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1.	Contributions (other than loans) From: (a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	38036.00	120261.00
	(ii) Unitemized	17558.03	35474.23
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	55594.03	155735.23
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	55594.03	155735.23
2.	Transfers From Affiliated/Other Party Committees	0.00	0.00
3.	All Loans Received	0.00	0.00
4. 5.	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
6.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	684.23	2567.66
	to Federal candidates and Other Political Committees	0.00	6000.00
7.	Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
8.	Transfers from Non-Federal and Levin Funds		
	(a) Non-Federal Account (from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
9.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	56278.26	164302.89
0.	Total Federal Receipts (subtract Line 18(c) from Line 19)	56278.26	164302.89

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 50

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Operating Expenditures: (a) Shared Federal/Non-Federal		
Activity (from Schedule H4)	0.00	0.00
(i) Federal Share		0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating	F67.61	2501 50
Expenditures(c) Total Operating Expenditures	567.61	2591.50
(add 21(a)(i), (a)(ii) and (b))	567.61	2591.50
2. Transfers to Affiliated/Other Party		
Committees	0.00	0.00
Federal Candidates/Committeesand Other Political Committees	49000.00	209000.00
Independent Expenditure		
(use Schedule E)	0.00	0.00
Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
S. Loan Repayments Made	0.00	0.00
, ,		
7. Loans Made	0.00	0.00
a) Individuals/Persons Other	0.00	0.00
Than Political Committees		
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds		
(add Lines 28(a), (b), and (c))	0.00	0.00
). Other Disbursements	0.00	400.00
). Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity		
(from Schedule H6)	0.00	0.00
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add	2.22	
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	49567.61	211991.50
2. Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	49567.61	211991.50

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 50

III. Net Contributions/Operating Expenditures			
	tal Contributions (other than loans) m Line 11(d), page 3)	55594.03	155735.23
-	tal Contribution Refunds om Line 28(d))	0.00	0.00
	t Contributions (other than loans) ubtract Line 34 from Line 33)	55594.03	155735.23
	tal Federal Operating Expenditures dd Line 21(a)(i) and Line 21(b))	567.61	2591.50
	fsets to Operating Expenditures om Line 15, page 3)	684.23	2567.66
	t Operating Expenditures ubtract Line 37 from Line 36)	-116.62	23.84

FE6AN026

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 50 (check only one) X 11a
(Any information copied from such Reports and S or for commercial purposes, other than using the	tatements ma name and ad	ly not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Academy of Family Physicia	ans Political	Action Committee	
∠ A .	Full Name (Last, First, Middle Initial) Christine S Albrecht, MD			Date of Receipt
	Mailing Address Lakewood Clinic - Stap 49725 County Rd 83	oles		06 25 2009
	City	State	Zip Code	Transaction ID: C743600
	Staples FEC ID number of contributing federal political committee.	C	56479-3201	Amount of Each Receipt this Period 365.00
	Name of Employer Lakewood Health System	Occupation Physicia		
	Receipt For: Primary General Other (specify) ▼	, ' · · · · · ·	e Year-to-Date ▼ 365.00	
– В.	Full Name (Last, First, Middle Initial) Catherine Andrews, MD Mailing Address 3825 Cherokee St NW			Date of Receipt
	walling Address 3825 Cherokee St INVV	06 05 7 2009		
	City	State GA	Zip Code	Transaction ID: C734734
	Kennesaw FEC ID number of contributing federal political committee.	C	30144-2085	Amount of Each Receipt this Period 250.00
	Name of Employer Self Employed	Occupation Physicia		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
_ С.	Full Name (Last, First, Middle Initial) Kathleen Mary Ankers, MD	l		Date of Receipt
	Mailing Address 616 Shamrock Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City O Fallon	State IL	Zip Code 62269-7509	Transaction ID: C741389
	FEC ID number of contributing federal political committee.	C	02209-7309	Amount of Each Receipt this Period 500.00
	Name of Employer US Air Force	Occupation Physicia		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)			1115.00
F	TOTAL This Period (last page this line number		<u> </u>	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 50 (check only one) X 11a
Ai	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma ne name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Academy of Family Physic	ians Political	Action Committee	
	Full Name (Last, First, Middle Initial) John S Antalis, MD			Date of Receipt
	Mailing Address 1114 Professional Bl	vd 		06 15 2009
	City Dalton	State GA	Zip Code 30720-2588	Transaction ID: C736739 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer D.F.P.	Occupation Physicia		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
_	Full Name (Last, First, Middle Initial) Brian S Bacak, MD	1		Date of Receipt
	Mailing Address 9832 Florence PI			06 25 Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C743567
	Highlands Ranch	CO	80126-3559	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer University of Colorado	Occupation Physicia		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	365.00	
	Full Name (Last, First, Middle Initial) Mary Laura Bean, MD			Date of Receipt
	Mailing Address Ste 200 632 Morrison Springs	s Rd		06 25 7 2009
	City Chattanooga	State TN	Zip Code 37415-3402	Transaction ID: C743595
	FEC ID number of contributing federal political committee.	C	37413-3402	Amount of Each Receipt this Period 365.00
	Name of Employer Erlanger Hospital	Occupation Physicia		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
	SUBTOTAL of Receipts This Page (optional)			1095.00

ITE	MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 11a
or fo	r commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\	NAME OF COMMITTEE (In Full) American Academy of Family Physici	ans Political	Action Committee	
\ . <u>T</u>	ull Name (Last, First, Middle Initial) imothy Michael Beittel, MD			Date of Receipt
_	Mailing Address 612 Cody Dr	Ctata	7:n Oada	06 11 2009
	ity Thomasville	State NC	Zip Code 27360-9674	Transaction ID: C735965
F	EC ID number of contributing ederal political committee.	C	27300-9074	Amount of Each Receipt this Period 365.00
N A	lame of Employer CT Medical Group	Occupation Physician		
R	eceipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 365.00	
3. <u>s</u>	ull Name (Last, First, Middle Initial) andra B Benckendorf, MD failing Address 118 Westshore Dr	<u> </u>		Date of Receipt
_	TIO Westshore Di			06 11 2009
	ity	State	Zip Code	Transaction ID: C735963
	Morton	IL	61550-1315	Amount of Each Receipt this Period
fe 	EC ID number of contributing ederal political committee.	C		500.00
N K	lame of Employer Coch Family Medicine	Occupation Physician		
R	eceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	ull Name (Last, First, Middle Initial) leil Hurst Brooks, MD			Date of Receipt
M	failing Address 36 Duncaster Ln			06 15 2009
	ity	State	Zip Code	Transaction ID: C737440
F	Vernon Rockville EC ID number of contributing ederal political committee.	C	06066-4830	Amount of Each Receipt this Period 500.00
N S	lame of Employer self-Employed	Occupation Physician		
R	leceipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 500.00	
SUE	BTOTAL of Receipts This Page (optional)			1365.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9/50 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using t	d Statements may the name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Family Physic	cians Political	Action Committee	
Full Name (Last, First, Middle Initial) Lee Ellen Buenconsejo-Lum, MD			Date of Receipt
Mailing Address Univ of HI - Dept Fai 95-390 Kuahelani Av	06 08 7 2009		
City <u>Mililani</u>	State HI	Zip Code 96789-1192	Transaction ID: C735506 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer University of Hawaii	Occupation Family M	n ledicine Residency Program	Dire
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Kathy P Cairo, MD			Date of Receipt
Mailing Address 5236 Tendilla Ave			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C743646
Woodland Hills FEC ID number of contributing federal political committee.	CA	91364-1829	Amount of Each Receipt this Period 1000.00
Name of Employer Northridge Hospital Medic-	Occupation physician		
al Center Receipt For:		Year-to-Date V	
Primary General Other (specify) ▼	0 0	1000.00]
Full Name (Last, First, Middle Initial) Ann Marie Marie Campione, MD			Date of Receipt
Mailing Address Specialty Health Clir 350 W 6th St Ste D2			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Reno	State NV	Zip Code 89503-4543	Transaction ID: C740046 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	09303-4343	365.00
Name of Employer Specialty Health Clinic	Occupation Physician		
Receipt For:		Year-to-Date ▼	
Primary General Other (specify) ▼		365.00	

SCHEDULE A (FEC Form	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 50 (check only one) X
or for commercial purposes, other than u	ts and Statements may not be sold or used by any personal sing the name and address of any political committee to Physicians Political Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Charles J Carter, Jr MD Mailing Address 3209 Colonial I Dept of Family		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Columbia FEC ID number of contributing	State Zip Code SC 29203-6930	Transaction ID: C735606 Amount of Each Receipt this Period 365.00
Name of Employer University of South Carolina Receipt For: Primary Other (specify)	Occupation Professor Aggregate Year-to-Date ▼ 365.00]
Full Name (Last, First, Middle Initial) Baretta R Casey, MD Mailing Address 171 Cedar Hills	Dr	Date of Receipt 0 6 1 2 2 0 0 9
City	State Zip Code	Transaction ID: C736683
Pikeville FEC ID number of contributing federal political committee.	KY 41501-8704	Amount of Each Receipt this Period 365.00
Name of Employer University of Kentucky Co- llege of Medi Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Frank M Castillo, MD Mailing Address 2750 W North A	lvo.	Date of Receipt
		06 23 2009
City Chicago	State Zip Code IL 60647-5247	Transaction ID: C742000 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Erie Family Health Center	Occupation Family Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (op	tional)	980.00

Mailing Address 139 Monticello Dr State Zip Code WA 98632-9522	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 50 (check only one) X 11a 11b 11c 12 13 14 15 16 17
A. Po-Shen Chang, MD Mailing Address 139 Monticello Dr City State Zip Code Longview WA 98632-9522 FEC ID number of contributing federal political committee. Name of Employer Primary General Other (Last, First, Middle Initial) B. Full Name (Last, First, Middle Initial) Agreegate Year-to-Date ▼ Primary General Other (specify) ▼ C Decupation Physician Receipt For: Primary State Zip Code NC 27253-3022 FEC ID number of contributing federal political committee. C Description Fec in pumber of contributing federal political committee. C Description Receipt For: Primary General Other (specify) ▼ Primary General Other (specify) ▼ Date of Receipt Date of Receipt Transaction ID: C741409 Amount of Each Receipt this Perio Transaction ID: C741409 Transaction ID: C741409 Transaction ID: C741409 Transaction ID: C741409 Transact	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	ne name and address of any political committee to s	Tor the purpose of soliciting contributions solicit contributions from such committee.
Longview	A. Po-Shen Chang, MD Mailing Address 139 Monticello Dr	State Zip Code	06 15 2009
Receipt For:	Longview FEC ID number of contributing	WA 98632-9522	Amount of Each Receipt this Period 500.00
B. Mark A Crissman, MD Mailing Address 214 E EIm St City State Zip Code	Receipt For: Primary General	Physician Aggregate Year-to-Date ▼	_
City State Zip Code NC 27253-3022 FEC ID number of contributing federal political committee. Name of Employer Crissman Family Practice Receipt For: Primary General Other (specify) ▼ C. Date of Receipt Middle Initial) Dan F Criswell, MD Mailing Address RR 3 Box 172 City State Zip Code OK 73529-9593 FEC ID number of contributing federal political committee. C. Date of Receipt Transaction ID: C741409 Amount of Each Receipt this Perion 500.01 Date of Receipt M M J D D D D D D D D D D D D D D D D D	B. Mark A Crissman, MD		M M / D D / Y Y Y Y
Crissman Family Practice Receipt For: Primary General Other (specify) ▼ C. Date of Receipt Mailing Address RR 3 Box 172 City Comanche Comanche FEC ID number of contributing federal political committee. Name of Employer University of Oklahoma Health Science Receipt For: Primary General Aggregate Year-to-Date ▼ Date of Receipt M M M O D D O D O D O D O D O D O D O D	Graham FEC ID number of contributing	NC 27253-3022	Transaction ID: C741409 Amount of Each Receipt this Period 500.00
C. Dan F Criswell, MD Mailing Address RR 3 Box 172 City State Zip Code Comanche OK 73529-9593 FEC ID number of contributing federal political committee. Name of Employer University of Oklahoma Health Science Receipt For: Primary General Date of Receipt Transaction ID: C737483 Amount of Each Receipt this Perior 250.0	Receipt For: Primary General	Family Physician Aggregate Year-to-Date ▼	
Comanche OK 73529-9593 Amount of Each Receipt this Perio C Solution Name of Employer University of Oklahoma Health Science Receipt For: Primary General OK 73529-9593 Amount of Each Receipt this Perio 250.0	C. Dan F Criswell, MD Mailing Address RR 3 Box 172		0 6 1 5 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
alth Science Receipt For: Primary General Aggregate Year-to-Date 750,00	Comanche FEC ID number of contributing	OK 73529-9593	Transaction ID: C737483 Amount of Each Receipt this Period 250.00
· · · · · · · · · · · · · · · · · · ·	alth Science Receipt For: Primary General	Medical Doctor - Residency Program Aggregate Year-to-Date ▼	D ir
SUBTOTAL of Receipts This Page (optional)	SUBTOTAL of Receipts This Page (optional)	>	1250.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Κ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12/50 (check only one) X 11a
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Family Phys	sicians Political	Action Committee	
Full Name (Last, First, Middle Initial) Jose M David, MD			Date of Receipt
Mailing Address 804 Huntington Ct			0 6 2 1 / Y Y Y Y Y Y
City Albany	State NY	Zip Code 12203-6015	Transaction ID: C740986
FEC ID number of contributing federal political committee.	C	12203-6013	Amount of Each Receipt this Period 625.00
Name of Employer Prime Care Physicians	Occupatio Physicial		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1250.00	
Full Name (Last, First, Middle Initial) Pamela M Davis, MD	I		Date of Receipt
Mailing Address Northridge Family 18406 Roscoe Blvd			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Northridge	State CA	Zip Code 91325-4107	Transaction ID: C735605
FEC ID number of contributing federal political committee.	C	31323*4107	Amount of Each Receipt this Period 250.00
Name of Employer Northridge Hospital Medic- al Center	Occupatio Physicial	n n - Residency Director	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Pamela M Davis, MD			Date of Receipt
Mailing Address Northridge Family 18406 Roscoe Blvd			0 6 1 8 2 0 0 9
City Northridge	State CA	Zip Code 91325-4107	Transaction ID: C739935
FEC ID number of contributing federal political committee.	C	91323-4107	Amount of Each Receipt this Period 250.00
Name of Employer Northridge Hospital Medic- al Center	_ <u> </u>	n - Residency Director	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00]
			1125.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 50 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Academy of Family Physics	nd Statements may not be sold or used by any persong the name and address of any political committee to sicians Political Action Committee	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) David Richard Field, MD Mailing Address 2021 W Harbor Dr		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Bismarck	State Zip Code ND 58504-8913	Transaction ID: C740999 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer medcenterone Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation md Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Jeremy M Fish, MD Mailing Address Contra Costa Reg 2500 Alhambra Av		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C736715
Martinez	CA 94553-3156	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer CCCHSD	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Lynn R Fisher, MD Mailing Address 3103 Thunderbird	Dr	Date of Receipt
City	State Zip Code	0 6 2 2 2 0 0 9 Transaction ID: C741571
<u>Hays</u>	KS 67601-1423	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer Lifeline Family Medicine	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
SUBTOTAL of Receipts This Page (options	al)	1115.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 50 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements ma name and ad	y not be sold or used by any perso dress of any political committee to	
American Academy of Family Physicia	ans Political	Action Committee	
Full Name (Last, First, Middle Initial) Michael O Fleming, MD			Date of Receipt
Mailing Address 556 Dunmoreland Dr			06 22 2009
City	State	Zip Code	Transaction ID: C741376
Shreveport	LA	71106-6125	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer N/A	Occupation Physicial		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1250.00	
Full Name (Last, First, Middle Initial) Edward M Friedler, MD			Date of Receipt
Mailing Address 4905 Tarheel Way			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C745724
Annandale	VA	22003-4460	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		400.00
Name of Employer Annandale Family Medicine PC	Occupatio Physicia		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Hui-Ning Fung, MD			Date of Receipt
Mailing Address 1691 NE 64th Ave			0 6 1 4 2 0 0 9
City	State	Zip Code	Transaction ID: C736839
Hillsboro	OR	97124-5103	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-employed	Occupatio Physicia		7
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	I		900.00

TOTAL This Period (last page this line number only)

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 50 (check only one) X 11a
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Academy of Family Physici	ans Political	Action Committee	
Α.	Full Name (Last, First, Middle Initial) Susan J Gallo, MD			Date of Receipt
	Mailing Address HC 30 Box 8180	Ctata	7in Codo	06 30 2009
	City Miles City	State MT	Zip Code 59301-9702	Transaction ID: C743780 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	00001 0702	365.00
	Name of Employer Self Employed	Occupation Physicia		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
ь В.	Full Name (Last, First, Middle Initial) Roland Adolph Goertz, MD Mailing Address 209 Woodfall Dr	1		Date of Receipt
				06 19 2009
	City	State	Zip Code	Transaction ID: C740441
	Waco FEC ID number of contributing federal political committee.	C	76712-7604	Amount of Each Receipt this Period 417.00
	Name of Employer Family Practice Center	Occupation Physicia		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 2502.00	
с.	Full Name (Last, First, Middle Initial) Bob Arvid Grubbs, MD			Date of Receipt
	Mailing Address 9817 Farmington Rd			06 30 7 2009
	City	State	Zip Code	Transaction ID: C745250
	Tuscaloosa FEC ID number of contributing federal political committee.	C	35405-9427	Amount of Each Receipt this Period 365.00
	Name of Employer University Family Practice	Occupation Physicia		
	Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		e Year-to-Date ▼ 365.00	
	SUBTOTAL of Receipts This Page (optional) .			1147.00
	TOTAL This Period (last page this line number			

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 50 (check only one) X 11a 11b 11c 12 13 14 15 16 11
or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any pers ng the name and address of any political committee t ysicians Political Action Committee	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Matthew Haden, MD Mailing Address 6901 E Chauncey Apt 2045 City Phoenix FEC ID number of contributing federal political committee. Name of Employer Mayo Clinic Arizona	Ln State Zip Code AZ 85054-5120 C	Date of Receipt M M M / D D D / Y Y Y Y Y O 6 1 3 2 0 0 9 Transaction ID: C736825 Amount of Each Receipt this Period 250.00
Receipt For: Primary General Other (specify)	Family Physician Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Norma Louise Hedelund, MD Mailing Address PO Box 171		Date of Receipt 0 6 1 1 2 0 0 9
City	State Zip Code	Transaction ID: C735970
Pompano Beach	FL 33061-0171	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer Self Employed	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Lori J Heim, MD		Date of Receipt
Mailing Address 250 Hollybrook Fa		06 16 2009
City	State Zip Code	Transaction ID: C737499
Vass FEC ID number of contributing federal political committee.	NC 28394-8952	Amount of Each Receipt this Period 500.00
Name of Employer Scotland Memorial Hospital	Occupation Hospitalist physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	
SUBTOTAL of Receipts This Page (option	nal)	1150.00
TOTAL This Period (last page this line nu	mber only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Κ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17/50 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Family Phys	sicians Political	Action Committee	
Full Name (Last, First, Middle Initial) Scott T Henderson, MD			Date of Receipt
Mailing Address 20 Old Farm Rd			0 6 1 3 2 0 0 9
City	State	Zip Code	Transaction ID: C736821
Mason City	IA	50401-2508	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Mercy Medical Center North Iowa	Occupatio Physicia		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Creston C Herold, MD	I		Date of Receipt
Mailing Address West Shore Family 6375 Mercury Dr St			06 25 2009
City	State	Zip Code	Transaction ID: C743589
Mechanicsburg	PA	17050-5282	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer West Shore Family Practice	Occupatio Physicia		
Receipt For:	Aggregate	e Year-to-Date V	
Primary General Other (specify) ▼		250.00	
Full Name (Last, First, Middle Initial) Molly Galligan Hong, MD			Date of Receipt
Mailing Address 111 E Rhododendro	on Dr		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C745252
Port Townsend	WA	98368-9414	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Jefferson Health Care	Occupatio Physicia		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	250.00	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 50 (check only one) X
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any personant be name and address of any political committee to	
American Academy of Family Physi	cians Political Action Committee	
Full Name (Last, First, Middle Initial) Paul Arthur James, MD		Date of Receipt
Mailing Address 01286-D PFP 200 Hawkins Dr	7'- 0-4	06 18 2009
City <u>Iowa City</u>	State Zip Code IA 52242-1009	Transaction ID: C739858 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer University of Iowa	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Richard H Jones, MD		Date of Receipt
Mailing Address Durney Medical Serv 106 W Howell Ave	vices, PLLC	06 30 7 2009
City <u>Alexandria</u>	State Zip Code VA 22301-1508	Transaction ID: C745254
FEC ID number of contributing federal political committee.	C 22301-1306	Amount of Each Receipt this Period 250.00
Name of Employer General Dynamics	Occupation Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Gregory King, MD		Date of Receipt
Mailing Address 1120 Vail Rd		06 20 YYYYY 2009
City	State Zip Code	Transaction ID: C740969
Bennington FEC ID number of contributing federal political committee.	VT 05201-9597	Amount of Each Receipt this Period 500.00
Name of Employer Primary Care Health Partn- ers	Occupation Partner physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)	1115.00

SCHEDULE A (FE		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 50 (check only one) X
NAME OF COMMITTEE			on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, M James Darrel King, MD Mailing Address 1456 City Selmer FEC ID number of contrifederal political committe Name of Employer Primecare Medical Center Receipt For: Primary	High School Rd State TN buting e. Occupat Physici		Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, M Larry W Kipe, MD Mailing Address PO E City Craig FEC ID number of contrifederal political committe Name of Employer Self Employed	State CO	Zip Code 81626-1576	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Other (specify) Full Name (Last, First, M Laura C Knobel, MD	iddle Initial) sedom Way State MA	ate Year-to-Date ▼ 365.00 Zip Code 02081-2290	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Self Employed Receipt For:	e. Occupar Physici		100.00
SUBTOTAL of Receipts The	nis Page (optional)		965.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 50 (check only one) X
A or	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Academy of Family Physici	ans Political	Action Committee	
۸.	Full Name (Last, First, Middle Initial) John John Lentini, DO			Date of Receipt
	Mailing Address Braintree Fam Phys Ir 382 Grove St	1C		06 18 2009
	City	State	Zip Code	Transaction ID: C739929
	Braintree FEC ID number of contributing federal political committee.	C	02184-7398	Amount of Each Receipt this Period 1000.00
	Name of Employer Braintree Fam Physicians	Occupation Physicia		
	Receipt For: Primary General Other (specify) ▼	, ' 	e Year-to-Date ▼ 1000.00	
— З.	Full Name (Last, First, Middle Initial) Patricia Jean Lindholm, MD Mailing Address 2316 Lakeview Dr	ı		Date of Receipt
	City	State	Zip Code	0 6 2 8 2 0 0 9 Transaction ID: C743933
	Fergus Falls	MN	56537-3905	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Fergus Falls Medical Grou- p, PA	Occupation Physicia		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1500.00	
—).	Full Name (Last, First, Middle Initial) Randall L Longenecker, MD			Date of Receipt
	Mailing Address 308 E Williams Ave			0 6 1 2 2 0 0 9
	City	State	Zip Code	Transaction ID: C736711
	Bellefontaine FEC ID number of contributing federal political committee.	C	43311-2450	Amount of Each Receipt this Period 500.00
	Name of Employer Mary Rutan Hospital	Occupation Family F		
	Receipt For: Primary General Other (specify) ▼	, · · · · ·	e Year-to-Date ▼ 500.00	
5	SUBTOTAL of Receipts This Page (optional) .			2000.00
	TOTAL This Period (last page this line number		<u> </u>	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 50 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Family Physi	cians Political	Action Committee	
Full Name (Last, First, Middle Initial) David Ashley Lynch, MD			Date of Receipt
Mailing Address 120 N Shore Dr			06 16 2009
City Bellingham	State WA	Zip Code 98226-4425	Transaction ID: C737503 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	OSEES THE	365.00
Name of Employer Family Care Network	Occupatio Physicia		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Gregory Lyon-Loftus, MD			Date of Receipt
Mailing Address 6155 Anthony Hwy PO Box 369			0 6 3 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C745609
Mont Alto	PA	17237-0369	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00
Name of Employer MAFP	Occupatio Physicia		
Receipt For:	1 ' '	e Year-to-Date 🔻	
Primary General Other (specify) ▼	0 0	365.00	
Full Name (Last, First, Middle Initial) Michele C Marler, MD			Date of Receipt
Mailing Address 122 10th Ave S			0 6 1 2 2 0 0 9
City	State	Zip Code	Transaction ID: C736695
Shelby 550 ID and the street of a set the stre	MT	59474-2224	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		400.00
Name of Employer Self Employed	Occupatio Physicia		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	400.00	

CHEDULE A (FEC Form 3X FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 50 (check only one) X 11a 11b 11c 12 13 14 15 16
ny information copied from such Reports and r for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any pers he name and address of any political committee to	
American Academy of Family Physic	cians Political Action Committee	
Full Name (Last, First, Middle Initial) Merna K Matilsky, MD		Date of Receipt
Mailing Address 22240 Hollyhock Trl		06 22 7 2009
City Boca Raton	State Zip Code FL 33433-4866	Transaction ID: C741404 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 35435-4660	250.00
Name of Employer Self Employed	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Timothy R McCurry, MD		Date of Receipt
Mailing Address 1420 Garden St		06 12 2009
City	State Zip Code	Transaction ID: C736742
Park Ridge FEC ID number of contributing federal political committee.	IL 60068-3802	Amount of Each Receipt this Period 250.00
Name of Employer Resurrection Medical Center	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) David A McInnes, MD		Date of Receipt
Mailing Address St Vincent Family M 2627 Riverside Ave	edicine Ctr	06 12 YYYYY
City Jacksonville	State Zip Code FL 32204-4712	Transaction ID: C736678 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer ST. VINCENT'S MEDICAL CEN- TER	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 50 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Family Physic	ne name and ad	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Amy McIntyre, Student Mailing Address 80 Hemlock Ave City Cranston FEC ID number of contributing federal political committee. Name of Employer Med Student Receipt For:	State RI C Occupation N/A Aggregate	Zip Code 02910-5521 n	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) Full Name (Last, First, Middle Initial) Marianne A McKennett, MD Mailing Address 5532 Ladybird Ln City La Jolla	State CA	Zip Code 92037-7721	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer University of California San Diego Receipt For: Primary General Other (specify)	Occupation Family M		Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Howard C McMahan, MD Mailing Address 361 Cargile Rd PO Box 779 City Ocilla FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For:	State GA C Occupatio Physicial Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) SUBTOTAL of Receipts This Page (optional)		500.00	550.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 50 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Academy of Family Physics	nd Statements may not be sold or used by any persong the name and address of any political committee to sicians Political Action Committee	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) John S Meigs, MD Mailing Address PO Box 289 City	State Zip Code	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Brent FEC ID number of contributing federal political committee.	AL 35034-0289	Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date 1000.00	
Full Name (Last, First, Middle Initial) Richard Earl Melcher, MD Mailing Address 3594 Pebble Beach	h Dr	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C735947
Augusta	GA 30907-9520	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Tri-County Health Care	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Lloyd Michener, MD		Date of Receipt
Mailing Address Duke University Me Box 2914	edical Ctr	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code NC 27710-0001	Transaction ID: C743610
Durham FEC ID number of contributing federal political committee.	NC 27710-0001	Amount of Each Receipt this Period 500.00
Name of Employer Duke University Medical Ctr	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (option	al)	1750.00

SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 50 (check only one) X
Any information copied from such Reports are for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Academy of Family Physics	nd Statements may not be sold or used by any person the name and address of any political committee to	on for the purpose of soliciting contributions
American Academy of Family Files	sicians Political Action Committee	
Full Name (Last, First, Middle Initial) Charley Anthony Michieli, MD		Date of Receipt
Mailing Address 2536 W Overton R	idge Pl	06 16 YYYYY 2009
City	State Zip Code	Transaction ID: C737938
Tucson	AZ 85742-8256	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Allied Physicians	Occupation Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Kevin P Mikus, MD		Date of Receipt
Mailing Address 9422 Briarwick Ln		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C743932
Charlotte	NC 28277-1673	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer Carolinas Healthcare Syst- em	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Anne M Montgomery, MD		Date of Receipt
Mailing Address Family Medicine St 104 W 5th Ave Ste	pokane 200W	06 22 7 2009
City	State Zip Code	Transaction ID: C741374
Spokane	WA 99204-4803	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Inland Empire Hospital Se- rvices Associ	Occupation Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	600.00]
		475.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 50 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Academy of Family Phys	nd Statements may not be sold or used by any pers the name and address of any political committee t sicians Political Action Committee	son for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Carl G Morris, MD		Date of Receipt
Mailing Address 4261 Whitman Ave		06 12 2009
City Seattle	State Zip Code WA 98103-7344	Transaction ID: C736803 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Group Health Permanente	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) John Nolte, MD		Date of Receipt
Mailing Address 9220 Lake Otis Pkv Hillside Family Med	licine, LLC	06 26 2009
City	State Zip Code	Transaction ID: C743760
Anchorage	AK 99507-4249	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	5000.00
Name of Employer Self Employed - Hillside Family Medici	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	
Full Name (Last, First, Middle Initial) Noreen Ellen O'Shea, DO		Date of Receipt
Mailing Address 4343 Far Hills Rd		06 12 2009
City	State Zip Code	Transaction ID: C736689
Sioux City	IA 51104-1030	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Marion County Health Foun- dation	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
		5500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Κ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27/50 (check only one) X 11a
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Family Phys	sicians Political	Action Committee	
Full Name (Last, First, Middle Initial) Javette C Orgain, MD			Date of Receipt
Mailing Address PO Box 806527			06 28 2009
City Chicago	State IL	Zip Code 60680-4126	Transaction ID: C743931 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	00000 4120	85.00
Name of Employer University of Illinois	Occupatio Physicia		
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 510.00	
Full Name (Last, First, Middle Initial) Kenneth Dewayne Parrott, MD			Date of Receipt
Mailing Address PO Box 389			0 6 1 5 2 0 0 9
City	State	Zip Code	Transaction ID: C737428
Okeene FEC ID number of contributing federal political committee.	OK C	73763-0389	Amount of Each Receipt this Period 365.00
Name of Employer Okeene Memorial Hospital	Occupatio Physicia		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) David C Rau, MD			Date of Receipt
Mailing Address 4232 N Riverside D)r		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Columbus	State IN	Zip Code 47203-1121	Transaction ID: C737451
FEC ID number of contributing federal political committee.	C	4/203-1121	Amount of Each Receipt this Period 250.00
Name of Employer Rau Family Medicine	Occupatio Physicia		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	l		700.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 50 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Academy of Family Physi	d Statements may not be sold or used by any persite name and address of any political committee to	
Full Name (Last, First, Middle Initial) Paul J Reiss, MD	cians Foiltical Action Committee	Date of Receipt
Mailing Address Evergreen Family H 28 Park Ave		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City _Williston	State Zip Code VT 05495-9701	Transaction ID: C735980 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 03493-9701	365.00
Name of Employer Evergreen Family Health	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Elisabeth L Righter, MD Mailing Address UW Hth Fox Vly Far	n Medicine	Date of Receipt
229 S Morrison St	7'. 0. 1	06 28 2009
City <u>Appleton</u>	State Zip Code WI 54911-5725	Transaction ID: C743929 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer University of WI School of Med. & Pub.	Occupation Physician	
Receipt For: Primary General Other (specify) ♥	Aggregate Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) Susan J Robertson, MD		Date of Receipt
Mailing Address 1420 W Midway Blv	d	06 11 2009
City	State Zip Code	Transaction ID: C735962
Broomfield	CO 80020-2090	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer Broomfield Family Practice	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
SUBTOTAL of Receipts This Page (optional	·)	830.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 50 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may not be sold or used by any person the name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Academy of Family Physi	cians Political Action Committee	
Full Name (Last, First, Middle Initial) Kurt A Rosenkrans, MD		Date of Receipt
Mailing Address 2501 Pierce St		06 08 2009
City	State Zip Code	Transaction ID: C735505
Sioux City	IA 51104-3725	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer Siouxland Medical Educati-	Occupation Program Director	
on Foundation Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	365.00]
Full Name (Last, First, Middle Initial) Shirley Uhl Salvatore, MD		Date of Receipt
Mailing Address Southern Colorado 1008 Minnequa Ave		06 30 7 2009
City	State Zip Code	Transaction ID: C745725
Pueblo	CO 81004-3733	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer St. Mary Corwin Hospital	Occupation Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	365.00	
Full Name (Last, First, Middle Initial) Sarah L Sams, MD		Date of Receipt
Mailing Address 2994 Frazell Rd		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C742147
Hilliard	OH 43026-9785	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer Ohio Health, Grant Medical Center	Occupation Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	375.00]
)	855.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 50 (check only one) X
A or	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	ne name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Academy of Family Physic	cians Political	Action Committee	
/	Full Name (Last, First, Middle Initial) Dennis F Saver, MD			Date of Receipt
	Mailing Address 1265 36th St			06 29 2009
	City	State	Zip Code	Transaction ID: C744225
	Vero Beach	<u> </u>	32960-6574	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer PCTC	Occupation family ph		
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼ 365.00	1
_	Other (specify) ▼ Full Name (Last, First, Middle Initial)			
	Grover Schleifer, MD			Date of Receipt
	Mailing Address 702 Sherrill St # B			06 25 7 2009
	City	State	Zip Code	Transaction ID: C743684
	Union City	TN	38261-5891	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		219.00
	Name of Employer Self Employed	Occupation Physicia		
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼		219.00	
	Full Name (Last, First, Middle Initial) Ramona G Seidel, MD			Date of Receipt
	Mailing Address 510 Pride Of Baltimo	re		06 12 7 9 9
	City	State	Zip Code	Transaction ID: C736693
	Arnold	MD	21012-1990	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		730.00
	Name of Employer Self Employed	Occupation Physicia	n	
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼		730.00	
	SUBTOTAL of Receipts This Page (optional)	1		1314.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 50 (check only one) X
A	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Family Physicia	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
. <u>/</u>	Full Name (Last, First, Middle Initial) Niranjan M Selvarajah, MD		76.607 667	Date of Receipt
	Mailing Address 111 Willow Meadow V	Vay		06 22 7 2009
	City Oneida	State NY	Zip Code	Transaction ID: C741506
	FEC ID number of contributing federal political committee.	C	13421-1851	Amount of Each Receipt this Period 400.00
	Name of Employer Oneida Medical Associates	Occupatio Physicia		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00	
- 3.	Full Name (Last, First, Middle Initial) Michael Sevilla, MD	1		Date of Receipt
	Mailing Address Family Practice Ctr of 2370 Southeast Blvd			06 15 2009
	City Salem	State OH	Zip Code 44460-3498	Transaction ID: C737432
	FEC ID number of contributing federal political committee.	C	44400-3498	Amount of Each Receipt this Period 365.00
	Name of Employer Family Practice Center of Salem	Occupatio Physicial		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 365.00	
	Full Name (Last, First, Middle Initial) George Wm Shannon, MD			Date of Receipt
	Mailing Address 2301 Slate Dr			0 6 2 4 2 0 0 9
	City	State	Zip Code	Transaction ID: C742144
	Columbus	GA	31906-1443	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		75.00
	Name of Employer Horizons Diagnstics LLC	Occupatio Family D	OC	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 300.00	
Γ,	SUBTOTAL of Receipts This Page (optional)			840.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 50 (check only one) X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Katy M Sheridan, MD Mailing Address PO Box 4136 City Soldotna	State Zip Code AK 99669-4136	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer self-employed	Occupation family doctor	250.00
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
Linda Peck Shields, MD Mailing Address PO Box 217		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C743587
Riverside FEC ID number of contributing federal political committee.	WA 98849-0217	Amount of Each Receipt this Period 250.00
Name of Employer Wenatchee Valley Clinic	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Glen R Stream, MD	•	Date of Receipt
Mailing Address 14408 E Sprague	Ave	06 08 2009
City	State Zip Code	Transaction ID: C735465
Spokane Valley	WA 99216-2167	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Rockwood Clnic	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optio	nal)	750.00
TOTAL This Period (last page this line nu	mber only)	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 50 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) American Academy of Family Physi	the name and address of any political committe	erson for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Todd A Thames, MD Mailing Address Christus Santa Rosa 333 N Santa Rosa A City San Antonio FEC ID number of contributing federal political committee. Name of Employer Christus Santa Rosa Health Care Receipt For: Primary General Other (specify)		Date of Receipt M M M
Full Name (Last, First, Middle Initial) Sara Ducharme Thompson, MD Mailing Address 125 16th Ave E City Seattle FEC ID number of contributing federal political committee. Name of Employer Group Health Permanente Receipt For: Primary General Other (specify)	State Zip Code WA 98112-5211 C Occupation physician Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dennis Duane Tietze, MD Mailing Address 600 SW Jewell Ave City Topeka FEC ID number of contributing federal political committee. Name of Employer St. Francis Hospital Receipt For: Primary General Other (specify)	State Zip Code KS 66606-1607 C Occupation Physician Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional))	800.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 50 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	I Statements may not be sold or used by any pers he name and address of any political committee to	
American Academy of Family Physic	cians Political Action Committee	
Full Name (Last, First, Middle Initial) Raymond R Walker, MD		Date of Receipt
Mailing Address 4130 Persimmon Hil		06 20 2009
City Bartlett	State Zip Code TN 38135-5175	Transaction ID: C740965
FEC ID number of contributing federal political committee.	TN 38135-5175	Amount of Each Receipt this Period 125.00
Name of Employer St. Francis Hospital	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Daniel A Walters, MD	1	Date of Receipt
Mailing Address 2304 E County Road	950 N	0 6 1 1 2 0 0 9
City	State Zip Code	Transaction ID: C735961
Seymour	IN 47274-9115	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer Caring Family Physicians	Occupation Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary ☐ General Other (specify) ▼	365.00	
Full Name (Last, First, Middle Initial) Pamela Weaner, MD		Date of Receipt
Mailing Address 11 Colonial Dr		06 30 YYYYY 2009
City	State Zip Code	Transaction ID: C745255
Jonestown	PA 17038-9256	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer Fredericksburg Community	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
SUBTOTAL of Receipts This Page (optional)		890.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 50 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Academy of Family Physics	the name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Jane A Weida, MD Mailing Address 1011 Handsome PI			Date of Receipt 0 6 28 2009
City Lititz FEC ID number of contributing federal political committee.	State PA	Zip Code 17543-9708	Transaction ID: C743934 Amount of Each Receipt this Period 100.00
Name of Employer Hershey Medical Center Receipt For: Primary General Other (specify)	Occupation Physician Aggregate		
Full Name (Last, First, Middle Initial) Mary Jo Welker, MD Mailing Address 2231 N High St OSU-Rardin Family City Columbus FEC ID number of contributing federal political committee.	Practice Ctr State OH	Zip Code 43201-4153	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Ohio State University Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate		
Full Name (Last, First, Middle Initial) Thomas Joseph Witt, MD Mailing Address Lake City Clinic May 500 W Grant St City Lake City FEC ID number of contributing	State MN	Zip Code 55041-1143	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary Other (specify)	Occupation Physician Aggregate		365.00
SUBTOTAL of Receipts This Page (optional)		1465.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 50 (check only one) X 11a
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Academy of Family Physics	nd Statements may not be sold or used by any persong the name and address of any political committee to sicians Political Action Committee	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) J Mack Worthington, MD Mailing Address 1100 E 3rd St City Chattanooga FEC ID number of contributing federal political committee. Name of Employer University of Tennessee,	State Zip Code TN 37403-2201 C Occupation Physician	Date of Receipt 0 6 0 5 2 0 0 9 Transaction ID: C734722 Amount of Each Receipt this Period 1000.00
College of Me Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00]
Full Name (Last, First, Middle Initial) Paul E Wright, MD Mailing Address 1513 Morning Star City	State Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
Edmond FEC ID number of contributing federal political committee. Name of Employer	OK 73034-6549 C Occupation	Amount of Each Receipt this Period 500.00
St Anthony Hospital Receipt For: Primary General Other (specify)	Physician Aggregate Year-to-Date ▼ 500.00]
Full Name (Last, First, Middle Initial) Joni S Zapata, MD Mailing Address 9000 Vanalden Ave Unit 102 City Northridge	e State Zip Code CA 91324-3701	Date of Receipt 0 6 1 1 2 0 0 9 Transaction ID: C736541 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Northridge Family Practice	Occupation physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00]
SUBTOTAL of Receipts This Page (options	al)	1750.00
TOTAL This Period (last page this line num	nher only)	38036.00

В.

-			
CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 50 (check only one) 11a 11b 11c 12 13 14 X 15 16 17
ny information copied from such Reports and r for commercial purposes, other than using the	Statements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Family Physic	piane Political	Action Committee	
American Academy of Family Frigsic	Jianis i Onticai	Action Committee	
Full Name (Last, First, Middle Initial) American Academy of Family Physicians			Date of Receipt
Mailing Address 11400 Tomahawk Cr	reek Pkwy		06 09 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C735667
Leawood	KS	66211-2672	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.90
Name of Employer	Occupatio	n	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2567.66	
Full Name (Last, First, Middle Initial) American Academy of Family Physicians	L		Date of Receipt
Mailing Address 11400 Tomahawk Cr	reek Pkwy		06 30 YYYYY 2009
City	State	Zip Code	Transaction ID: C743779
Leawood	KS	66211-2672	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		433.33
Name of Employer	Occupatio	n	
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 2567.66	

			 •	•	684.23
SUBTOTAL of Receipts This Page (optional)		-			001120
TOTAL This Period (last page this line number only)	•		 		684.23

В.

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE I		PAGE 38 / 50
ITEMIZED DISBURSEMENTS	for each category of the	(check only	one) 7 22	24 25 26
	Detailed Summary Page	27	28a 28b	28c 29 30b
Any Information copied from such Reports and Statem				
or for commercial purposes, other than using the name	e and address of any political c	ommittee to soli	cit contributions from	such committee
NAME OF COMMITTEE (In Full)	No Particulate Aparticus (Aparticus)			
/ American Academy of Family Physicians F	Political Action Committee	1		
Full Name (Last, First, Middle Initial)			Transaction ID:	
American Express			Date of Disbursem	
Mailing Address PO Box 53852			0 6 1 6	⁷ 2009 ⁹
	State Zip Code AZ 85072-3852		Amount of Each Di	sbursement this Period
Purpose of Disbursement		-		17.88
Bank card processing fee				
Candidate Name		Category/ Type		
	ment For:			
Senate President	Primary General Other (specify) ▼			
State: District:	Curior (opcomy)			
Full Name (Last, First, Middle Initial)			Transaction ID:	D87464
American Express			Date of Disbursem	
Mailing Address PO Box 53852			06 / 17	⁷ 2009
,	State Zip Code AZ 85072-3852		Amount of Each Di	sbursement this Period
Purpose of Disbursement Bank card processing fee				6.50
Candidate Name		Category/		
		Туре		
Office Sought: House Disburse	ment For: Primary General			
President	Other (specify)			
State: District:	-			_
Full Name (Last, First, Middle Initial) American Express			Transaction ID:	
·			M M / D D	
Mailing Address PO Box 53852			0 6 1 9	2009
	State Zip Code AZ 85072-3852		Amount of Each Di	sbursement this Period
Purpose of Disbursement				6.50
Bank card processing fee Candidate Name		Category/ Type		
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify)			
SUBTOTAL of Disbursements This Page (optional)		<u></u>		30.88
TOTAL This Period (last page this line number only)				

В.

C.

SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER: PAGE 39 / 50
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	
TI EMIZED DIOBOTIOEMENTO	Detailed Summary Page	X 21b	22 23 24 25 26
Any Information copied from such Reports and State	nente may not be cold or used by	27	28a
or for commercial purposes, other than using the nan			
NAME OF COMMITTEE (In Full)			
American Academy of Family Physicians	Political Action Committee		
Full Name (Last, First, Middle Initial)			Transaction ID: D87468
American Express			Date of Disbursement
Mailing Address PO Box 53852			$\begin{bmatrix} 0 & 6 & M \\ 0 & 6 & M \end{bmatrix} / \begin{bmatrix} 0 & 2 & 0 \\ 0 & 2 & 2 \end{bmatrix} / \begin{bmatrix} 0 & 0 & 0 & 0 \\ 0 & 2 & 0 & 0 & 9 \end{bmatrix}$
City Phoenix	State Zip Code AZ 85072-3852		Amount of Each Disbursement this Period
Purpose of Disbursement Bank card processing fee		•	18.53
Candidate Name		Category/ Type	
Senate President	ement For: Primary General Other (specify)		
State: District:			
Full Name (Last, First, Middle Initial) American Express			Transaction ID: D87470 Date of Disbursement
Mailing Address PO Box 53852			$\begin{bmatrix} \begin{smallmatrix} M & G & M \\ O & G & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ D & O & O & P \end{bmatrix}$
City Phoenix	State Zip Code AZ 85072-3852		Amount of Each Disbursement this Period
Purpose of Disbursement Bank card processing fee			4.88
Candidate Name		Category/ Type	
Senate President	ement For: Primary General Other (specify)		
State: District:			
Full Name (Last, First, Middle Initial) American Express			Transaction ID: D87471 Date of Disbursement
Mailing Address PO Box 53852			$\begin{bmatrix} \begin{smallmatrix} M & G & M \\ O & G \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ D & D & O \end{smallmatrix} \end{bmatrix} \mathbf{O} \mathbf{O} \mathbf{O} \mathbf{O} \mathbf{O} \mathbf{O} \mathbf{O} \mathbf{O}$
City Phoenix	State Zip Code AZ 85072-3852		Amount of Each Disbursement this Period
Purpose of Disbursement			1.01
Bank card processing fee Candidate Name		Cotogony	
		Category/ Type	
Office Sought: House Disburs Senate President	ement For: Primary General Other (specify)		
State: District:			
SUBTOTAL of Disbursements This Page (optional)			24.42
			

TOTAL This Period (last page this line number only)

В.

C.

SCHEDULE B (FEC Form 3X)		arate schedule(s)			R LIN		JMBEI	R:			PA	GE	40 / 9	50	
ITEMIZED DISBURSEMENTS		category of the Summary Page		X	21b 27	H	22 28a		23 28b	ш.	24 28c	П	25 29	П	26 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name														;	
NAME OF COMMITTEE (In Full) American Academy of Family Physicians I	Political Ac	ction Committe	е												
	State	Zip Code					Trans Date of	of Di	sburs D 2	ement	Y	ž	0 0 9		d
Phoenix Purpose of Disbursement Bank card processing fee Candidate Name	AZ	85072-3852		ateg Typ	ory/								16.25		
Senate President State: District:	ement For: Primary Other (spe	General ocify) ▼													
Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852							Date o		sburs	_			0 Ŏ 9	Y	
City Phoenix	State AZ	Zip Code 85072-3852					Amou	nt of	Each	Disbu	ırse	men	t this F	Perio	d
Purpose of Disbursement Bank card processing fee Candidate Name Office Sought: House Disburse Senate President	ement For: Primary Other (spe	General		ateg Typ	ory/ e		L.		•				11.38		
State: District: Full Name (Last, First, Middle Initial)															
American Express									sburs			_	0 ŏ s	Y	
Mailing Address PO Box 53852							0 6				L				
Phoenix Purpose of Disbursement Bank card processing fee Candidate Name	State AZ	Zip Code 85072-3852		ateg Typ	ory/		Amou	nt of	f Each	Disbu	urse		t this F		d
Office Sought: House Disburse Senate President State: District:	ement For: Primary Other (spe	General cify) ▼													
SUBTOTAL of Disbursements This Page (optional)					<u> </u>			•				(67.4 4		

TOTAL This Period (last page this line number only)

В.

C.

SCHEDULE B (FEC Form 3X)	Use separate sched	dule(s)		OR LIN		R:		Р	AGE	41 /	50
ITEMIZED DISBURSEMENTS	for each category of Detailed Summary	f the (1	check or 21b 27	ne) 22 28a	$\boldsymbol{-}$	23 28b	24	Ē	25 29	26 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the nam				y persor	the pu	rpos	e of s	oliciting	contri	butions	
NAME OF COMMITTEE (In Full)											
American Academy of Family Physicians I	Political Action Con	nmittee									
Full Name (Last, First, Middle Initial) American Express					Trans Date		sburs		77		
Mailing Address PO Box 53852					0 ^M 6	M /	^D 2	9 /	YZ	o ŏ s) ^Y
City Phoenix	State Zip Code AZ 85072-				Amou	int of	Each	Disburs	emer		
Purpose of Disbursement Bank card processing fee							_			0.99	9
Candidate Name				egory/ /pe							
Senate President	ement For: Primary Other (specify)	neral									
State: District:											
Full Name (Last, First, Middle Initial) American Express					Date	of Di	sburs				
Mailing Address PO Box 53852					0 ^M 6	M /	□ 3	0 /	Ý	ó o ò s	e [*]
City Phoenix	State Zip Code AZ 85072-				Amou	int of	Each	Disburs	emer	nt this I	Period
Purpose of Disbursement Bank card processing fee										6.50)
Candidate Name			_	egory/ vpe							
Senate President	ment For: Primary Ge Other (specify)	neral									
State: District:											
Full Name (Last, First, Middle Initial) American Express					Date	of Di	sburs	D869 ement	941		
Mailing Address PO Box 53852					0 ^M 6	M /	D C	1 /	Y	2 o ŏ s	e [*]
City Phoenix	State Zip Code AZ 85072-				Amou	int of	Each	Disburs	emer	nt this I	Period
Purpose of Disbursement Bank card processing fee		Г				_				9.29)
Candidate Name				egory/ vpe							
Office Sought: House Disburse Senate President	ement For: Primary Other (specify)	eneral									
State: District:											
SUBTOTAL of Disbursements This Page (optional)			<u>.</u>	. •						16.78	3

TOTAL This Period (last page this line number only)

В.

C.

SCHEDULE B (FEC Form 3X)		arate schedule(s)			OR LIN			R:			PA	GE	42 / 5	50	
ITEMIZED DISBURSEMENTS		category of the Summary Page		X	-	П	22 28a	П	23 28b		24 28c		25 29		26 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name														5	
NAME OF COMMITTEE (In Full) American Academy of Family Physicians I	Political Ac	ction Committe	ee												
Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852							Trans Date o		sburs				0 Ŏ S) ^Y	
City Phoenix	State AZ	Zip Code 85072-3852					Amou	nt o	f Each	n Dis	sburse	-		-	b b
Purpose of Disbursement Bank card processing fee Candidate Name				ate(gory/		L.		•				42.25		
Office Sought: House Disburse Senate President State: District:	ement For: Primary Other (spe	General		<u> </u>											
Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852							Trans Date of		sburs				0 Ŏ S	Y	
City	State	Zip Code					Amou	nt o	f Each	n Dis	burse	men	t this F	Period	
Phoenix Purpose of Disbursement Bank card processing fee	AZ	85072-3852							•				12.51		
	ement For:			Typ	gory/ be										
Senate President State: District:	Primary Other (spe	☐ General cify) ▼													
Full Name (Last, First, Middle Initial) American Express							Trans Date o	of Di	sburs	eme				V	
Mailing Address PO Box 53852							0 ^M 6	М	1	5 5	/ L	ž	0 0 5) `	
Phoenix	State AZ	Zip Code 85072-3852					Amou	nt o	f Each	n Dis	sburse	-	t this F		b
Purpose of Disbursement Bank card processing fee Candidate Name				ateo Typ	gory/ be					•		•	12.10		
Senate President	ement For: Primary Other (spe	General cify) ▼													
State: District: SUBTOTAL of Disbursements This Page (optional)					•			•				. (66.95		

TOTAL This Period (last page this line number only)

В.

C.

SCHEDULE B (FEC Form 3X)	Use separate schedu	le(s)		FOR LIN		R:			PA	GE	43 / 9	50
ITEMIZED DISBURSEMENTS	for each category of t Detailed Summary Pa		1-	(check o X 21b 27	22 28a	П	23 28b	ш	24 28c		25 29	26 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name				ny persor	the pu		e of s	oliciti	ng co		outions	-
NAME OF COMMITTEE (In Full) American Academy of Family Physicians F	Political Action Comr	nittee										
Spokane Purpose of Disbursement Bank card processing fee Candidate Name	State Zip Code WA 99210-2 ment For: Primary Gene			egory/ ype	0 6	of Di	sburs D	emen	/ Y	Ž men	0 0 S t this F 45.33	Period
President State: District:	Other (specify)	51 CI										
Full Name (Last, First, Middle Initial) Bank Of America Merchant Services Mailing Address WA2-505-01-40 PO Box 2485					Date of		sburs				0 Ŏ S	Y
	State Zip Code WA 99210-2	485			Amou	int of	Each	Disb	urse	men	t this F	Period
Purpose of Disbursement Bank excessive transaction fee Candidate Name			_	egory/ ype	L.						4.05	
Office Sought: House Disburse Senate President State: District:	ment For: Primary Gene Other (specify)	eral										
Full Name (Last, First, Middle Initial) Discover Network					Trans Date	of Di	sburs	emen				
Mailing Address P O Box 52145					0 ^M 6	M /	D C	2	/ L	ž	0 0 5) ^Y
Phoenix	State Zip Code AZ 85072-2	145			Amou	int of	Each	Disb	ourse	-	t this F	-
Purpose of Disbursement Bank card processing fee Candidate Name				egory/	L.						11.76	
Office Sought: House Disburse Senate President	ment For: Primary Gene Other (specify)	eral		y PC								
State: District:	(\(\frac{1}{2}\) \(\frac{1}{2}\)											
SUBTOTAL of Disbursements This Page (optional) .				. •						30	61.14	

567.61

TOTAL This Period (last page this line number only)

ITE		3 (FEC Form	-		arate schedule(s)		-	IE NUMBEF	{ :	PAGE	44/5	50
	EMIZED DI	SBURSEMEN	ITS		category of the Summary Page		(check o 21b 27	22 28a	X 23 28b	24 28c	25 29	П
		ed from such Reports										
1	NAME OF COM	·										
	•	First, Middle Initial) STENSEN CAMP	AIGN						ction ID: Disbursem			
N	Mailing Address	417 New Jerse	ey Ave SE					0 6 M	[/] 1 2	/ Y	ž 0 ŏ 9	Y
	City Washington			State DC	Zip Code 20003-4007			Amour	t of Each Di			-
(Purpose of Disbu Campaign contrib	oution						L.		2	500.00	
[Candidate Name Del. Donna M.	Christensen					tegory/ Type					
	Office Sought:	X House Senate President	Disburser	ment For: Primary Other (spe	2010 General							
F	•	District: 00 First, Middle Initial) RAT COALITION	POLITICAL	_ ACTION	N COMMITTEE				ction ID:			
N	Mailing Address	607 14th St N	N					0 6 M	/ 12 ^D	/ Y	ž 0 ŏ 9	Y
	City Washington	0.0 000		State DC	Zip Code 20005-2005			Amour	t of Each Di	sburseme	nt this P	Peric
	Purpose of Disbu Campaign contrik							T L.		5	00.00	
	Candidate Name NEW DEMOC	RAT COALITION	POLITICAL		N COMMITTE	-	tegory/ Type					
	Office Sought:	House Senate President District:	Disburser	ment For: Primary Other (spe	General ▼							
F		First, Middle Initial) / FOR CONGRES	L SS						ction ID:			
N	Mailing Address	3482 DRUSILI	_A LANE S	UITE 1				06	/ 12 ^D	/ Y	ž 0 0 9	Y
	City BATON ROUG	E		State LA	Zip Code 70809			Amour	t of Each Di	sburseme	nt this P	Peric
(Purpose of Disbu Campaign contrib	oution								1	00.00	
F	Candidate Name Rep. Bill Cass	idy					tegory/ ype					
(Office Sought:	X House Senate President	Disburser X	ment For: Primary Other (spe	2010 General							
				(SP	· · J/ 🔻			1				

	CHEDULE B (F EMIZED DISBI		· 1		arate schedule(s) category of the	FOR L		NUMBE one)	R:		PAC	SE 45/	50
				Detailed	Summary Page	21 27		22 28a		3b	24 28c	25 29	
	Information copied froor commercial purpose												
>	NAME OF COMMITT American Academy	EE (In Full)											
	Full Name (Last, First, HALVORSON FOR	,						Date of	of Disb	ID: D		ļ	
	Mailing Address F	O Box 176						0 ^M 6	M /	^D 1 2	/ Y	žoŏ	9 ^Y
	City Crete		St IL	ate -	Zip Code 60417			Amou	nt of E	ach Disl			
	Purpose of Disbursem Campaign contribution											2000.0	Ō
	Candidate Name Rep. Deborah L. H					ategory/ Type							
		House Senate President		ent For: Primary Other (spe	2010 General ecify)								
	State: IL Dis	trict: 11 Middle Initial)						Trans	action	I D : D	87179	<u> </u>	
	BOYD FOR CONG	RESS						Date of	of Disb	ursemer	-		
	Mailing Address F	.O. Box 15703	<u> </u>					0 ^M 6	M /	^D 2 3	/ Y	žoŏ	9 ^Y
	City Tallahassee		St F	ate L	Zip Code 32317			Amou	nt of E	ach Disl	oursen	ent this	Perio
	Purpose of Disbursem Campaign contribution						7					2500.0	0
	Candidate Name Rep. F. Allen Boyd	, Jr.				ategory/ Type							
		House Senate President trict: 02		ent For: Primary Other (spe	2010 General ecify) ▼								
	Full Name (Last, First, FRIENDS OF CON	Middle Initial)	GEORGE N	ЛILLER						I D : D		3	
	Mailing Address F	.O. Box 5864						0 ^M 6	M /	^D 2 3	/ Y	žoŏ	9 ^Y
	City Concord			ate A	Zip Code 94524			Amou	nt of E	ach Disl	oursen	ent this	Perio
	Purpose of Disbursem Campaign contribution											2500.0	0
	Candidate Name Rep. George Miller					ategory/ Type							
	Office Sought: X	House Senate President		ent For: Primary Other (spe	2010 General								
	State: CA Dis	trict: 07											
												000.0	-

IT			arate schedule(s)	FOR LINE	
	EMIZED DISBURSEMENTS	for each	category of the Summary Page	(check onl)	y one) 22 X 23 24 25 2 28a 28b 28c 29 3
	/ Information copied from such Reports and State or commercial purposes, other than using the na			by any person	for the purpose of soliciting contributions
\rangle	NAME OF COMMITTEE (In Full) American Academy of Family Physicians				
/	Full Name (Last, First, Middle Initial) Jim Clyburn Campaign Committee				Transaction ID: D86875 Date of Disbursement
	Mailing Address PO Box 12567				06
	City Columbia	State SC	Zip Code 29211		Amount of Each Disbursement this Period
	Purpose of Disbursement Campaign contribution Candidate Name			Catanand	5000.00
	Rep. James Clyburn	sement For:	2010	Category/ Type	
	Senate President	X Primary Other (spe	General		
	State: SC District: 06 Full Name (Last, First, Middle Initial) JOHN LEWIS FOR CONGRESS				Transaction ID: D86886 Date of Disbursement
	Mailing Address 2015 Wallace Rd.				$\begin{bmatrix} \begin{smallmatrix} M \\ O \end{smallmatrix} & \begin{smallmatrix} M \\ \end{smallmatrix} & \begin{smallmatrix} D \\ D \end{smallmatrix} & \begin{smallmatrix} Y \\ D \end{smallmatrix} & \begin{smallmatrix} P \end{smallmatrix} & \begin{smallmatrix} Y \\ D \end{smallmatrix} & \begin{smallmatrix} $
	City Atlanta	State GA	Zip Code 30331		Amount of Each Disbursement this Period
	Atlanta Purpose of Disbursement Campaign contribution				Amount of Each Disbursement this Period 2500.00
	Atlanta Purpose of Disbursement			Category/ Type	Amount of Each Disbursement this Period 2500.00
	Atlanta Purpose of Disbursement Campaign contribution Candidate Name Rep. John Lewis Office Sought: X House Disbur		2010 General		
	Atlanta Purpose of Disbursement Campaign contribution Candidate Name Rep. John Lewis Office Sought: X House Senate President Disbur	GA sement For: X Primary	2010 General		Transaction ID: D86874 Date of Disbursement
	Atlanta Purpose of Disbursement Campaign contribution Candidate Name Rep. John Lewis Office Sought: X House Senate President State: GA District: 05 Full Name (Last, First, Middle Initial)	GA sement For: X Primary Other (spe	2010 General		2500.00 Transaction ID: D86874
	Atlanta Purpose of Disbursement Campaign contribution Candidate Name Rep. John Lewis Office Sought: X House Senate President State: GA District: 05 Full Name (Last, First, Middle Initial) FRIENDS OF JOHN TANNER	GA sement For: X Primary Other (spe	2010 General		Transaction ID: D86874 Date of Disbursement M 6 M / D 1 D / Y Y Y O Y Y Amount of Each Disbursement this Period
	Atlanta Purpose of Disbursement Campaign contribution Candidate Name Rep. John Lewis Office Sought: X House Senate President State: GA District: 05 Full Name (Last, First, Middle Initial) FRIENDS OF JOHN TANNER Mailing Address 236 Massachusetts Avo City Washington Purpose of Disbursement Campaign contribution	GA sement For: X Primary Other (spe	2010 General ecify) ▼	Туре	Transaction ID: D86874 Date of Disbursement M M M D D D M Y Y Y Y Y Y Y Y Y Y Y Y Y
	Atlanta Purpose of Disbursement Campaign contribution Candidate Name Rep. John Lewis Office Sought: X House Senate President State: GA District: 05 Full Name (Last, First, Middle Initial) FRIENDS OF JOHN TANNER Mailing Address 236 Massachusetts Ave City Washington Purpose of Disbursement Campaign contribution Candidate Name Rep. John S. Tanner	Sement For: X Primary Other (spe	2010 General ecify) ▼		Transaction ID: D86874 Date of Disbursement M M M D D D Y Y Y O Y Y Amount of Each Disbursement this Period
	Atlanta Purpose of Disbursement Campaign contribution Candidate Name Rep. John Lewis Office Sought: X House Disbur Senate President State: GA District: 05 Full Name (Last, First, Middle Initial) FRIENDS OF JOHN TANNER Mailing Address 236 Massachusetts Ava City Washington Purpose of Disbursement Campaign contribution Candidate Name Rep. John S. Tanner Office Sought: X House Disbur	GA sement For: X Primary Other (spe	2010 General ecify) ▼ Zip Code 20002-4980 2010 General	Type Category/	Transaction ID: D86874 Date of Disbursement M 6 M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

CHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE I	
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29
ny Information copied from such Reports and Starfor commercial purposes, other than using the n			
NAME OF COMMITTEE (In Full) American Academy of Family Physician	·		
Full Name (Last, First, Middle Initial) FRIENDS OF LOIS CAPPS			Transaction ID: D86879 Date of Disbursement
Mailing Address PO Box 23940			06 12 7 2009
City Santa Barbara	State Zip Code CA 93121		Amount of Each Disbursement this Peri
Purpose of Disbursement Campaign contribution			1000.00
Candidate Name Rep. Lois Capps		Category/ Type	
Senate President	rsement For: 2010 X Primary General Other (specify)		
State: CA District: 23 Full Name (Last, First, Middle Initial)			Transaction ID: D86893
MARTIN HEINRICH FOR CONGRESS			Date of Disbursement
Mailing Address 2118 CENTRAL AVEN	IUE SE		$\begin{bmatrix} \begin{smallmatrix} M & G & M \\ O & G & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & D \\ D & D \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ D & D & O & D \\ D & D & D \\ D & D & D \end{bmatrix} $
City Albuquerque	State Zip Code NM 87106		Amount of Each Disbursement this Peri
Purpose of Disbursement Campaign contribution			2000.00
Candidate Name Rep. Martin Heinrich		Category/ Type	
Office Sought: X House Senate President State: NM District: 01	rsement For: 2010 X Primary General Other (specify)		
Full Name (Last, First, Middle Initial) MIKE ROSS FOR CONGRESS COMM	TTEE		Transaction ID: D87172 Date of Disbursement
Mailing Address PO Box 360			$\begin{bmatrix} \begin{smallmatrix} M & 6 & M \\ 0 & 6 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 3 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Q & Y \\ 2 & 0 & 0 & 9 \end{smallmatrix} Y$
City Prescott	State Zip Code AR 71857		Amount of Each Disbursement this Peri
Purpose of Disbursement Campaign contribution			2500.00
Candidate Name Rep. Mike Ross		Category/ Type	
Office Sought: X House Senate President Disbu	xsement For: 2010 X Primary General Other (specify)		
State: AR District: 04			
<u> </u>			

В.

C.

SCHEDULE B (FEC Form 3X)		arate schedule(s)			FOR LIN		-	R:			PA	GE	48 /	50	
ITEMIZED DISBURSEMENTS		category of the Summary Page		F	21b 27	П	22 28a	X	23 28b		24 28c		25 29	Н	26 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name															
NAME OF COMMITTEE (In Full)															
American Academy of Family Physicians F	Political Ac	tion Committe	e												
Full Name (Last, First, Middle Initial) RYAN FOR CONGRESS							Date o	of Di	isburs	eme	08687 ent			_	
Mailing Address P. O. Box 1919							0 ^M 6	М	[/] 1	2	/ L	ž	0 ŏ s) ^Y	
,	State WI	Zip Code 53547					Amou	nt o	f Each	Dis	burser	-		-	d
Purpose of Disbursement Campaign contribution												10	00.00)	
Candidate Name Rep. Paul Ryan					egory/ ype										
Senate X President	ement For: Primary Other (spe	2010 General													
State: WI District: 01						-									
Full Name (Last, First, Middle Initial) BERKLEY FOR CONGRESS							Date o	of Di	isburse	eme)8687 ent			_	
Mailing Address PO Box 636							0 ^M 6	М	[/] 1	2	/ L	ž	0 0 9) ^Y	
,	State VA	Zip Code 22003-0636					Amou	nt o	f Each	Dis	burser				d
Purpose of Disbursement Campaign contribution								_				10	00.00)	
Candidate Name Rep. Shelley Berkley					egory/ ype										
Senate X President	ement For: Primary Other (spe	2010 General cify) ▼													
State: NV District: 01															
Full Name (Last, First, Middle Initial) KAGEN 4 CONGRESS							Date o	of Di	isburs	eme)8688 ent				
Mailing Address 100 WEST LAWRENCE	STREET						0 ^M 6	М	[/] 1	2	/ Y	ž	0 ŏ s) Y	
,	State WI	Zip Code 54911					Amou	nt o	f Each	Dis	burser		-		d
Purpose of Disbursement Campaign contribution								0				25	00.00)	
Candidate Name Rep. Steve Kagen					egory/ ype										
	ment For: Primary Other (spe	2010 General cify) ▼													
State: WI District: 08															
SUBTOTAL of Disbursements This Page (optional)					▶							450	00.00)	

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X)

SCHEDOLL B (I LO I OIIII 5X)	Use separate schedule(s)	OR LINE NUMBER: PAGE 49 / 50 heck only one)
ITEMIZED DISBURSEMENTS	Detailed Summary Page	21b 22 X 23 24 25 27 28a 28b 28c 29 3
Any Information copied from such Reports and Stator for commercial purposes, other than using the national NAME OF COMMITTEE (In Full)	me and address of any political commit	
American Academy of Family Physicians	Political Action Committee	
Full Name (Last, First, Middle Initial) PRICE FOR CONGRESS Mailing Address P.O. Box 425		Transaction ID: D86870 Date of Disbursement M 6 M / D 1 D / Y Y Y 0 Y 9 Y
City Roswell	State Zip Code GA 30077	Amount of Each Disbursement this Period
Purpose of Disbursement Campaign contribution Candidate Name		2500.00
Rep. Tom Price	Cateo Typ	
Office Sought: X House Senate President State: GA District: 06	sement For: 2010 X Primary General Other (specify)	
Full Name (Last, First, Middle Initial)		Transaction ID: D86881
WALLY HERGER FOR CONGRESS CO	MMITTEE	Date of Disbursement
Mailing Address PO Box 1500		06 12 2009
City Chico	State Zip Code CA 95927	Amount of Each Disbursement this Period
Purpose of Disbursement Campaign Contribution		1000.00
Candidate Name Rep. Wally Herger	Cateo Typ	
9 1	sement For: 2010 X Primary General Other (specify)	
Full Name (Last, First, Middle Initial) Republican MainStreet Partnership PAC		Transaction ID: D86883 Date of Disbursement
Mailing Address 1220 L St NW Ste 100-263		06 12 7 2009
City Washington	State Zip Code DC 20005-4018	Amount of Each Disbursement this Period
Purpose of Disbursement Campaign contribution		2500.00
Candidate Name Republican MainStreet Partnership PAC	Categ Typ	
Senate President	sement For: Primary General Other (specify)	
State: District:		
		6000.00

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE (check only	
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29
Any Information copied from such Reports and State for commercial purposes, other than using the r			
NAME OF COMMITTEE (In Full) American Academy of Family Physicia			
Full Name (Last, First, Middle Initial) NELSON 2006			Transaction ID: D86872 Date of Disbursement
Mailing Address PO BOX 8666			$\begin{bmatrix} \begin{smallmatrix} M & G & M \\ O & G \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ Q & O & O & Y \end{bmatrix} $
City OMAHA	State Zip Code NE 68108		Amount of Each Disbursement this Period
Purpose of Disbursement Campaign contribution			2500.00
Candidate Name Sen. Ben Nelson	was and Few 2010	Category/ Type	
X Senate President	rsement For: 2012 X Primary General Other (specify) ▼		
State: NE District: 00 Full Name (Last, First, Middle Initial) FRIENDS OF BLANCHE LINCOLN			Transaction ID: D86884 Date of Disbursement
Mailing Address PO BOX 3197			$\begin{bmatrix} \begin{smallmatrix} M & 6 & M \\ 0 & 6 & M \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & 1 & D \\ 1 & 2 \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Q & Q & Q \\ 2 & 0 & 0 & 9 \end{bmatrix} $
City LITTLE ROCK	State Zip Code AR 72203		Amount of Each Disbursement this Period
Purpose of Disbursement Campaign contribution		•	2500.00
Candidate Name Sen. Blanche L. Lincoln		Category/ Type	
Office Sought: House Disb X Senate President State: AR District: 00	ursement For: 2010 X Primary General Other (specify) ▼		
Full Name (Last, First, Middle Initial) FRIENDS OF SCHUMER			Transaction ID: D86896 Date of Disbursement
Mailing Address 509 MADISON AVE S	SUITE 1902		$\begin{bmatrix} \begin{smallmatrix} M & 6 & M \\ 0 & 6 & M \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D & D \\ 1 & 2 \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Q & Q & Q \\ 2 & Q & Q & Q \end{bmatrix} \ \end{bmatrix}$
City NEW YORK	State Zip Code NY 10022		Amount of Each Disbursement this Period
Purpose of Disbursement Campaign contribution		• •	2500.00
Candidate Name Sen. Charles E. Schumer		Category/ Type	
Office Sought: House Disb X Senate President	x Primary		
State: NY District: 00	\$ (openij) \		
SUBTOTAL of Disbursements This Page (option	nal)		7500.00
	,	_	49000.00